

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 178Registered No. 336

PLACE OF BIRTH

County Gila State Arizona  
City or Township Lower Miami or Village Miami  
No. 92 Hill St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)Full name of child James Lewis Beard (If child is not yet named, make supplemental report, as directed.)Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth July 20 1929  
Month Day YearFATHER  
Full name Nelson Lee Beard  
Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.  
Color or race White  
11. Age at last birthday 32 (Years)Birthplace (city or place) \_\_\_\_\_  
(State or country) TexasOccupation Craneman  
Nature of Industry Copper mine ConcentratorNumber of children of this mother 2 (a) Born alive and now living 2  
taken as of time of birth of child herein (b) Born alive but now dead 0  
ified and including this child.) (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yesCERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was alive at 8 m. on the date above stated.  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. J. MillerGiven name added from supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year

Filed July 25 1929 W. S. Davis  
Registrar Registrar

Registrar